

# CONTRACT AWARD NOTIFICATION

## QUOTE 1446

### ANNUAL REQUIREMENTS FOR PRINTING OF PARKING & WARNING BOOKS

**DATE:** November 17, 2004

**PURCHASING DIVISION**

**K-STREET COMPLEX**

**CONTRACT PERIOD:** Nov. 15, 2004 thru Nov 14, 2005

**440 SOUTH 8<sup>TH</sup> STREET**

**LINCOLN, NEBRASKA 68508**

**CONTRACTOR:** Moore Business Forms  
1115 K St. #202  
Lincoln NE 68508

**(402) 441-7410**

**Company Representative:** John Eischeid

**Telephone No.:** 402-466-6680

**FAX No.:** 402-474-4183

**E-Mail Address:** john.eischeid@rrd.com

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THE CITY/COUNTY'S SPECIFICATIONS AND THE CONTRACTOR'S ACCEPTED PROPOSAL AND PRICING SCHEDULES, NOW ON FILE IN THE OFFICE OF THE CITY CLERK AND/OR THE COUNTY CLERK, ARE ADOPTED BY REFERENCE AND ARE AS FULLY A PART OF THIS CONTRACT FOR THE ABOVE-NAMED COMMODITY AS IF REPEATED VERBATIM HEREIN.

Per quote dated 11/6/2003

NO ACTION NEED BE TAKEN BY THE CONTRACTOR AT THIS TIME. ORDERS FOR MATERIAL WILL BE MADE AS NEEDED BY THE VARIOUS CITY/COUNTY DEPARTMENTS.

DEPARTMENTS REQUIRING CATALOGS AND/OR PRICING SCHEDULES SHALL NOTIFY THE CONTRACTOR DIRECTLY.

E.O. #71748

Dated: 11/10/04

**CITY OF LINCOLN  
COUNTY OF LANCASTER**

 Vince M. Mejer, CPPO, C.P.M.  
Purchasing Agent

 (402) 441-7410 FAX: (402) 441-6513  
purchasing@ci.lincoln.ne.us

**QUOTATION REQUEST**

 Quote Prices F.O.B. Destination  
Lincoln, Nebraska

 Date - 11/06/03  
Order No. - 1446 OQ  
Date Due - 11/14/03

 QUOTATIONS MUST BE RECEIVED IN  
THE PURCHASING DIVISION OFFICE BY  
THE DUE DATE SPECIFIED ABOVE

 PLEASE MAKE NECESSARY VENDOR  
INFORMATION CORRECTIONS ON THIS FORM:

**VENDOR INFORMATION**

 Moore Business Forms  
1115 K St #202  
Lincoln NE 68508

**Return Quotation Request To:**

 Purchasing Division  
K-Street Complex  
440 S 8th St Ste 200  
Lincoln NE 68508

Item Number / Description	Quantity	UM	Unit Price	Total Price
96616010507 Citations	1400	EA	\$ 1.88	\$ 2632.00

Parking/Warning Books Size 4 1/2" x 8 5/8" overall  
 Paper: 4 part sets: CB White, CFB Pink, CFB Goldenrod, CF  
 White Tag  
 Ink: Black and PMS Red throughout. Printing on both sides of  
 parts 1 and 4  
 Binding: Bind each book of 25 sets with wrap around covers  
 Copy of page is attached.  
 Quantity 35,000 tickets = 1,400 books.

Numbering: Sets numbered sequentially beginning with H599001  
 FIRST citation number for each book to be printed on the  
 cover.

Calendar: Calendar for 2004 and 2005 printed on the inside  
 flap.

Packaging: 50 books per box.

Sample of book available in Purchasing Office at 440 S. 8th  
 St., Suite 200, Lincoln, NE

Contract Extension Renewal is an option: Yes ☒ No ☐

TERM PRICE CLAUSE: BIDDER MUST STATE:

(a) Bid prices firm for the full contract period: \_\_\_\_\_; or

**VENDOR MUST COMPLETE THE FOLLOWING**

The undersigned represents and warrants that he/she has full and complete authority to submit this quotation and to enter into a contract upon acceptance by the City/County. The undersigned agrees to comply with all conditions above and on reverse side of this document.

COMPANY NAME MOORE BUSINESS FORMS

ADDRESS 1115 K ST #202

LINCOLN NE 68508

TELEPHONE 402-6680

EMPLOYER FEDERAL ID NO. OR

SOCIAL SECURITY NUMBER 160331690

BY (PRINT NAME) John Hirschaid

SIGNATURE [Signature]

TITLE Sales Executive

DATE 11/14/2003

DELIVERY SCHEDULE 30 days

DAYS ARO

**CITY OF LINCOLN  
COUNTY OF LANCASTER**

 Vince M. Mejer, CPPO, C.P.M.  
Purchasing Agent

 (402) 441-7410 FAX: (402) 441-6513  
purchasing@ci.lincoln.ne.us

**QUOTATION REQUEST**

 Quote Prices F.O.B. Destination  
Lincoln, Nebraska

 Date - 11/06/03  
Order No. - 1446 Q2  
Date Due - 11/14/03

 QUOTATIONS MUST BE RECEIVED IN  
THE PURCHASING DIVISION OFFICE BY  
THE DUE DATE SPECIFIED ABOVE

 PLEASE MAKE NECESSARY VENDOR  
INFORMATION CORRECTIONS ON THIS FORM:

**VENDOR INFORMATION**

 Moore Business Forms  
1115 K St #202  
Lincoln NE 68508

**Return Quotation Request To:**

 Purchasing Division  
K-Street Complex  
440 S 8th St Ste 200  
Lincoln NE 68508

Item Number / Description	Quantity	UM	Unit Price	Total Price
(b) Bid prices subject to escalation/de-escalation: <u>X</u>				
(c) If (b), state period for which prices will remain firm Through <u>December 2004</u>				

 COMPANY REPRESENTATIVE responsible for the administration  
of this Agreement:

 NAME: John Eischaid  
TITLE: Sales Executive  
PHONE NO. 466-6680

 Please fax your quotation back to us by 4:30 p.m. on the  
above referenced date. Fax to attention of Debbie Winkler  
at 402/441-6513.

**VENDOR MUST COMPLETE THE FOLLOWING**

The undersigned represents and warrants that he/she has full and complete authority to submit this quotation and to enter into a contract upon acceptance by the City/County. The undersigned agrees to comply with all conditions above and on reverse side of this document.

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

EMPLOYER FEDERAL ID NO. OR

SOCIAL SECURITY NUMBER \_\_\_\_\_

BY (PRINT NAME) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

DELIVERY SCHEDULE \_\_\_\_\_

DAYS ARO